The relentless pursuit of strategic alliances.

Promoting best practices in teaching, learning, research and patient care.

Advocating for dental education, the health professions, higher education and oral health.

Above all, serving ADEA members with a growing array of resources that are enhancing learning, advancing careers, strengthening institutions and shaping the environments where dental education and practice occur.
ADEA is on the move, and as a community we are driving substantial change within dental education and beyond. In recent years we’ve developed 21st century competencies for the dental professions and made great strides in aligning what occurs on our campuses with accreditation standards and licensure requirements. We’ve played a major role in promoting interprofessional education (IPE) and shared valuable insights from decades of providing preventive, team-based care. And we’ve taken the lead in helping our members embrace admissions and faculty development practices that should one day produce the diverse and culturally competent health care workforce needed to substantially reduce oral and other health disparities.

In 2014, two reports affirmed ADEA’s leadership in promoting educational access and workforce diversity. The first was an evaluation study of the Summer Medical and Dental Education Program (SMDEP), our eight-year collaboration with the Association of American Medical Colleges (AAMC) that is generously funded by the Robert Wood Johnson Foundation (RWJF). This six-week academic enrichment program is offered free of charge to first and second year college students from minority or socioeconomically disadvantaged backgrounds. Preliminary findings from evaluators show that SMDEP dental scholars are approximately three times as likely to apply to dental school as their peers in a comparison group and that those dental schools that take part in the program are particularly successful at getting SMDEP scholars to enroll at their institutions. In reviewing the paths of SMDEP graduates, the program is likely to double their chances of being accepted into dental school, and 100% of SMDEP program participants accepted to a dental school have matriculated since the program began in 2005.

In recognition of the critical role faculty also play in diversifying the profession and increasing access to dental care, The W.K. Kellogg Foundation awarded a two year, $400,000 grant to the ADEA Minority Dental Faculty Development (ADEA MDFD) program in 2014 to address oral health disparities in vulnerable children and communities. The ADEA MDFD program funds allied dental programs to work with their community partners to create a more diverse allied dental workforce pipeline through outreach, leadership development and academic mentorship.

An NIH/HRSA funded study by a collaboration between the Association of Public and Land-grant Universities, the Coalition of Urban Serving Universities and AAMC promoting health equity...
through higher education brought more good news. The report, entitled “Holistic Admission in the Health Professions” found that dental schools led their counterparts in the use of holistic admissions practices aimed at diversifying the health care workforce. ADEA, once again in collaboration with RWJF and AAMC, has made a sustained commitment to explaining the importance of looking beyond grades and DAT scores to build student bodies with the full breadth of skills and experiences needed for this caring profession. Importantly, we have provided assistance to our members in how to achieve a more diverse student community. A decade ago, we began developing and offering admissions committee workshops at member schools, trained others to spread the word on their campuses and created a web-based resource that all admissions committees can use to guide their adoption of holistic review.

As a result of these collective efforts, a full 93% of dental schools report that they currently use holistic review. However, achieving the vision of a truly diverse dental workforce will take time as we face hurdles including the recent Supreme Court decisions challenging the use of race as a factor in admissions. We will continue to monitor these developments and adapt our resources to meet institutional and individual member needs.

ADEA could not remain agile and responsive to our members without sound financial footing. A very successful year ending June 30, 2014 produced a surplus that will allow ADEA to move forward with our core initiatives, and to develop additional resources and innovative programming to seize new opportunities. Our financial balance sheet is strong, and our considerable reserves leave us in good stead to weather any type of financial turmoil which may lie ahead.

A key to maintaining this solid position is to ensure that the future of our profession—the students—remain attracted to dentistry. In 2014 we saw continued, strong applications to dental and allied dental programs, with 11,199 applicants via the ADEA Associated American Dental Schools Application Service (ADEA AADSAS) and 41 participating programs in the ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS). The strongest growth was seen in advanced dental education, with a 7.8% increase in applications through the ADEA Postdoctoral Application Support Service (ADEA PASS) to more than 4,700.

Across North America and around the globe, our community has stayed ahead of the trends by fostering both
interprofessional education (IPE) and practice (IPP). ADEA is a founding member of the Interprofessional Education Collaborative (IPEC), which is responsible for the development of Core Competencies for Interprofessional Collaborative Practice. This document is guiding curriculum development across the health professions and influencing the work of licensing and accrediting bodies as well.

Our members have been actively promoting, shaping and attending a series of IPEC faculty development institute workshops that have spurred the creation of IPE action plans for many of our campuses. In fact, 2014 was our most successful year ever in attracting dental faculty to come together with their other health profession counterparts, with a four-fold increase in the number of dental schools who participated versus last year. In the course of this endeavor, we’ve learned that the commitment of top institutional leaders within health systems and academic institutions is a decisive factor in allowing IPE to thrive. This realization will drive the next phase of IPEC’s work: preparing the most senior academic leaders to advance IPE and IPP efforts within their institutions. It will also help us shape the agendas for the all-important work of the ADEA Leadership Institute, which helps prepare and develop the most promising in our profession to assume even greater responsibilities down the road and drive positive change.

It is hard to believe that just three years ago, I was in a meeting at the White House with other IPEC leaders when a baffled staffer asked me what dental education was doing at the table. I explained that the dental professions exemplify the model of preventive health care advocated by the ACA, that we have valuable experience working in teams to provide collaborative care, and that with 500 million patient encounters each year, dentistry is unusually well situated to serve as an entry-point to primary care. I think he got it.

Today, the dental professions are well on their way to greater integration with the broader health care system, and although the fragmentation of care persists, no one questions dentistry’s willingness and readiness to play a lead role as the health professions endeavor to provide collaborative care.

ADEA Is on the Move…

Across North America

ADEA now represents all 76 dental schools in the United States and Canada, over 800 allied and advanced education programs, 66 corporations and more than 20,000 individual members. More than 2,000 of us gathered for the 2014 ADEA Annual Session & Exhibition in San Antonio to examine the interplay between neuroscience and learning and how better understanding the brain can help ADEA members become more effective educators.
and mentors. Throughout the year, hundreds more crisscrossed the continent to take part in professional development opportunities and important discussions about the future of our institutions, our profession and our Association.

The ADEA Sections on Business and Financial Administration and on Clinic Administration (BFACA) met together in Las Vegas to share ideas of how to improve critical business and clinical operations. “Customer service” is not reserved for the retail industry alone, and the good news is that dental institutions can meet and exceed the expectations of patients, students, faculty, and administrators with meaningful staff development and training and the use of innovative technology.

This past summer, The ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) broke new ground with its annual ADEA CCI Summer Liaisons Meeting by introducing more interactive sessions that employed some of the same engaging learning techniques whose use in our member schools ADEA CCI has been advocating. For a second year, the liaisons meeting was co-located with the annual ADEA meeting of Allied Dental Program Directors, and for the first time the two groups shared joint programming, focusing on technology and access to care. This year also marked the first full year of an ADEA CCI joint workgroup with the American Dental Hygienists’ Association, which used 2014 to formalize its charge and map out goals.

Several other meetings reflected this desire for increased collaboration among ADEA member constituencies. The Administrative Boards of the Council of Deans (ADEA COD) and the Council of Allied Dental Program Directors (ADEA CADPD) held a joint meeting in Washington, DC, and members of the ADEA COD Administrative Board made a point of attending the 2014 ADEA Fall Meetings to get a better sense of other ADEA councils’ concerns. The Fall Meetings centered around diversity and inclusion, highlighted by two keynote speakers who demonstrated both the scientific and real-world evidence that diverse teams lead to better outcomes.

Further signaling a new era of cooperation and mutual support, the ADEA COD invited the ADEA CADPD Administrative Board to attend the annual ADEA Deans’ Conference in November to continue the dialogue begun earlier in the year. The Deans’...
Conference focused on the timely topics of emerging practice and payment models, with a particular emphasis on the realities of financing a dental education—a universally important theme for leaders in academic dentistry. These and other encounters have started the process of forging strong bonds among these constituencies that will serve our Association well as we tackle future challenges together.

Members met face-to-face for ADEA Regional Workshops in Illinois and California. Launched in 2012 to assist member dental schools in preparing for accreditation under the new Council on Dental Accreditation (CODA) standards, this workshop format has remained popular, not just for its utility in disseminating information, but also for its success in building regional connections that participants can draw on to address common problems.

In 2014, ADEA also took advantage of the opportunity to bring members and other interested parties together online, where they learned about the issues and trends shaping dental education and oral health. The ADEA/Colgate/ AAL Institute for Allied Health Educators saw record attendance in 2014 for its online programming for educators in all allied professions. And the ADEA Policy Center launched a new webinar series called Leading Conversations. To date, the series has drawn more than 1,400 participants to engage in provocative, expert-led discussion on such diverse topics as research, IPE, the dental safety net and ways dental educators might heed the call for women to “lean in.”

Our websites continue to bring in new eyes to the dental profession through ExploreHealthCareers.org (EHC), the number one site on Google for individuals seeking information about health careers, and ADEA GoDental, which launched a redesigned site this past August for predental and predental hygiene students as well as their pre-health advisors. The investment has paid off with viewers spending more time than ever before taking advantage of the significant resources available to them.

...Around the World

ADEA has long been engaged on the world stage—reaching dental educators across the globe through the Journal of Dental Education, providing peer-reviewed educational resources through MedEdPORTAL, facilitating the admission of international dentists to our schools through the Centralized Application for Advanced Placement for International Dentists (ADEA CAAPID) service, encouraging women’s leadership abroad, collaborating with our sister associations through the International Federation of Dental Educators and Associations (IFDEA) and other international bodies, and supporting our members’ involvement in pioneering global health initiatives.

In 2014, this strong foundation allowed us to move conversations around issues of concern here at home to more international audiences. The first stop was Latvia, where the Association for Dental Education in Europe (ADEE) held its annual conference in August. In recent years, a number of foreign dental schools, especially in the Middle East, have been looking to U.S. and European accreditation standards for guidance as they work to improve the quality of dental education at their institutions. ADEA then
hosted a follow-up workshop for ADEE members and others in Barcelona. The choice of this iconic city was not accidental. ADEA also held the 5th ADEA International Women’s Leadership Conference in Barcelona, where over three days ADEA members—men as well as women—gained an international perspective on the challenges facing dental education while sharing resources and insights with colleagues from abroad. A record 120 attendees from 17 countries and 31 ADEA member schools celebrated women’s leadership in dental education, identified common concerns that cross geographic boundaries and gained a sense of the harsh realities that some women must overcome to rise in the educational ranks and contribute to oral health. Like their colleagues at the ADEE workshop, attendees praised the gathering and requested more opportunities for international dialog in the future. ADEA will continue to deliver those opportunities, and will continue to grow our international student applicant pool, building on the 1,720 prospective applicants from overseas who sought admission to dental schools in 2014.

...and Here in Washington, DC.

In December, the ADEA offices relocated to 655 K Street—a move of only seven blocks, but one that reflects a transitional moment for our organization and the health professions more broadly. Our new home is on the 8th floor of the newly constructed AAMC headquarters. In 2013, AAMC invited ADEA and its other sister associations to take up residency under the same roof. ADEA and the Physician Assistant Education Association decided to seize this opportunity, and others expressed interest in joining us on K Street. The symbolism is extraordinary.

Our move is a natural outgrowth of ADEA’s collaboration with AAMC and exemplifies the start of a period of heightened interconnectedness among all the health professions. The emergence of accountable care organizations and patient-centered medical homes are just two of many signs that the health professions are becoming more entwined. Our considerable investment in IPE has made clear that educating the next generation of health professionals to provide high-quality care in an interprofessional environment is a top ADEA priority, and this decision to situate our offices in close proximity to our sister associations further underscores that commitment.

Meanwhile, the ADEA staff is now working in a far more contemporary office space that is designed to facilitate communication and collaboration internally. This new workplace environment is meant to solidify the gains made in ADEA’s reorganization and create opportunities for more cooperative ventures among staff and ADEA members. The building also features a state-of-the-art Learning Center, which we hope will entice many of you to visit our offices for the first time.

Our new location also brings us physically closer to Capitol Hill, where despite partisan gridlock inside the
Beltway, we persevered in 2014 and saw the continued growth and reach of the ADEA Policy Center. Due to our advocacy efforts, ADEA was able to collaborate in garnering funding totaling more than $500 million for FY15 for programs of importance to academic dentistry. Moving forward, that work will continue, with ADEA staff continually scanning the policymaking and regulatory landscape to keep our members informed about actions that might affect our community, whether in the executive branch, Congress, federal agencies or at the state level. In 2014, we partnered with the American Association for Dental Research and other dental care-focused organizations to champion the value of research conducted by the National Institute of Dental and Craniofacial Research. These partnerships amplify our voice on behalf of academic dentistry and will remain a key strategy as we work to represent ADEA members in 2015.

Moving Forward...

We have come a long way in the past year, but it’s not time to put on the brakes. ADEA must remain on the move, harnessing our current momentum to carry our mission even further in the years ahead. Fueling this enterprise are the ADEA Corporate Council and our foundation partners, whose steadfast generosity and multi-year investments in ADEA programs have sustained many of our most impressive initiatives. ADEA added eight new Corporate Council members in 2014, bringing the total to 66 companies and organizations that are actively funding our work. Their decision this year to support the ADEA Dental Student Virtual Fair signals an even stronger commitment and provides a critical career development opportunity for dental students. Another visible example of the corporate presence is the ongoing commitment to the ADEAGies Foundation and the William J. Gies Awards for Vision, Innovation and Achievement. Support for this event grew again last year, allowing the foundation to underwrite fellowships, scholarships and awards that help foster our members’ academic pursuits.

All this activity could not occur without the participation of hundreds of ADEA members who take time out of their busy schedules to work on behalf of our common goals. Through Board and Council service, participation in advisory bodies and interest groups, sharing curricular modules, presenting at conferences, mentoring, advocating and publishing research that advances education, practice and public health, ADEA members keep our Association not just on the
As we look back on the key accomplishments of 2014, it is clear that ADEA is now better positioned than ever before to find effective ways to support our members, strengthen the institutions we serve and build a future in which oral health and overall health are seen as one.

Richard W. Valachovic, D.M.D., M.P.H.
ADEA President and CEO
Sue came to ADEA’s predecessor organization, the American Association of Dental Schools, in 1996 to oversee communications and publications, and her role evolved as the organization grew. Initially authoring numerous annual reports, newsletters and House of Delegate manuals, Sue eventually became a key player in helping ADEA adapt to the digital age. As Associate Executive Director for the Division of Knowledge Management, Sue was instrumental in finding ways to make the wealth of information ADEA collected through its surveys available to members online. She oversaw the creation of the ADEA Online Library (now known as the ADEA Data, Analysis & Research web page), facilitated communication through member Communities of Interest, and shepherded ADEA’s acquisition of ExploreHealthCareers.org, which became and remains the number one-ranked site for individuals seeking information on joining a health profession.

Sue also played a critical role in launching the online version of the Journal of Dental Education in 2004, helping build the rationale for the move to digital publishing and managing the implementation process—no small feat given the journal’s extensive archives—and went on to spearhead ADEA’s partnership with the AAMC to provide dental curricular resources through MedEdPORTAL. ADEA staff and members also know that Sue functioned as our Association’s unofficial historian, writing commemorative publications over the years and digging into the archives once again in 2013 as ADEA prepared to celebrate its 90th anniversary.

If you know Sue personally—and many of you do because she served as the staff liaison for the Council of Faculties—you know she is a soft-spoken person who avoids the spotlight. It gives me great pleasure to publicly recognize her contributions and to wish her well in her retirement. Sue’s tenure at ADEA coincided with a transformational time for our Association, and our evolution as an organization simply could not have occurred without her.